A reply to a letter

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To the Editor:

A letter has brought several points to our attention regarding our recent report [1]. We carefully assessed the valuable comments and responded below. The author's first concern was about limited neck extension (NE). In our results, limited NE was a risk factor for difficult intubation in the univariate, but not the multivariate analysis. We evaluated the degree of the NE as limited or not limited. The grading of NE might need patient cooperation which might not be feasible in the elderly. The absence of the grading might contribute in its non-significant results in our study. However, the study's primary outcome was detecting the accuracy of the commonly used airway measurements in predicting difficult intubation; thus, our sample size was not powered for detecting independent risk factors for difficult airway. Therefore, we were conservative in our conclusion and strictly answered the primary research question. The author has also commented on the higher incidence of difficult intubation in comparison to the incidence of difficult laryngoscopy. Many factors can contribute to encountering difficult intubation

despite the good laryngoscopic view, such as partial loss of teeth and small oral cavity. The stylet use is not routine in our first intubation attempt. In our study, the stylet was used in the second attempt by the supervising anesthetist. In our study, the area under the receiver operating characteristic curve was calculated for each the airway measurement for predicting difficult intubation and difficult laryngoscopy. The Youden index was used to detect the best cutoff values for different variables (Supplementary table).

Reference

Mostafa M, Saeed M, Hasanin A, Badawy S, Khaled D. Accuracy of thyromental height test for predicting difficult intubation in elderly. *J Anesth.* 2020;34:217–23. <https://doi.org/10.1007/s00540-019-02721-6>.

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